



Mental Health Planning Council

Bridging the Gap for Iowans with Mental Health Issues

In Iowa today,

- 1 in 4 persons experiences a mental illness in a given year (*equates to approximately 750,000 Iowans-2009 census*)
- An estimated 180,000 persons have a serious mental illness (6%).
- Access to adequate treatment and medications is difficult.
- Except for the metropolitan counties, the entire state is in a mental health professional shortage area.
- The state is ranked 47th in the nation for the number of psychiatrists.
- The state is ranked 46th in the nation for the number of psychologists.
- There are only 140 acute care beds at the Mental Health Institutes.
- There are only 609 acute care hospital beds in local communities.
- The state is ranked 47th in the nation for the number of hospital beds.
- Ill persons requiring hospitalization are too often being shipped out of state to find a bed, or they are being turned away for treatment.
- There are 7 times as many suicides compared to homicides (350(e) vs. 50(e)) (*IA Dept. of Public Health*)
- Prisons have become the new psychiatric hospitals and hold over 3500 persons with mental illness.
- Too often, people are being punished for an illness instead of being treated.

2012 RECOMMENDATIONS

We have organized our recommendations into three main priority areas: (1) System Redesign, (2) Adequate Funding, and (3) Workforce Capacity.

1. **SYSTEM REDESIGN** – Implement a comprehensive system of mental health and disability services that is consistent with the principles and goals of the Olmstead Supreme Court Decision and Iowa's Olmstead Plan.

- Pursue regional administration and retain local delivery
- End the use of legal settlement and replace it with simple Iowa residency
- Fully integrate mental health and disability services with primary health care and substance use services
- Base services on individually determined need and individual preferences
- Provide guidance and technical assistance for regions and providers
- Utilize performance base contracting and focus on consumer outcomes
- Prioritize initial focus on crisis services (*including additional acute care hospital beds*) and sub-acute treatment options
- Take advantage of federal funding opportunities associated with the Patient Protection and Affordable Care Act – ***SF 2010 the Balancing Initiative is one such opportunity we support.***
- Pursue changes to Iowa's commitment laws (Iowa Code Chapter 229) and provide alternatives to commitment such as:
 - Crisis stabilization services and sub-acute care beds
 - Statewide access to Assertive Community Treatment
 - Statewide access to jail diversion programs and special needs courts
- Align revisions to Iowa Code Chapter 230A with regional administration structure

- Establish system transformation timeline with measurable short and long term goals
- 2. ADEQUATE FUNDING - Adopt a stable funding structure for mental health and disability services that is adequate to maintain the current level of services in the short term, to support the goals for completing system redesign within five to seven years, and to maintain the system over time.**
- Provide sufficient State funding to prevent service cuts and address waiting lists during system redesign:
 - \$65 million is needed for SFY 2013 not the \$18M suggested by the Governor or the \$30 M suggested by DHS. The higher amount of \$65 M is need to:
 - Address the loss of federal American Recovery and Reinvestment Act (ARRA) funds
 - Allow for the increase in Iowa's Federal Medical Assistance Percentage (FMAP)
 - Maintain the current level of non-Medicaid services
 - Begin the first steps of redesign
 - Establish a stable long-term funding formula for the redesigned mental health and disability services system, including:
 - State assumption of the non-federal share of all Medicaid services
 - Authorizing the use of county funds for non-Medicaid services to provide flexibility to individualized services where cost-effective or needed to fill service gaps
 - Setting provider reimbursement rates that are adequate to maintain and build community capacity
- 3. WORKFORCE CAPACITY – Enhance access to quality mental health and disability services by expanding the availability, knowledge, and skills of professionals, paraprofessionals, and direct support workers.**
- Implement incentive programs to recruit, retain, and train mental health and disability services professionals and paraprofessionals
 - Establish a statewide credentialing and career path program for direct support workers
 - Train more peer support specialists and increase their utilization
 - Utilize technology, such as telemedicine, to increase access psychiatric or specialty services
 - Support statewide training and technical assistance that will assist providers in attaining the skills to capably address co-occurring and multi-occurring conditions
 - Establish a standing task force to aggressively address the workforce shortage with the measures described above as well as others not yet identified.

SUMMARY: Iowans need access to a consistent and integrated system of community mental health and disability services. To accomplish that, we must have:

- A sound system redesign plan with measurable outcomes
- A stable and adequate funding structure
- Adequate workforce and provider capacity

4. OPEN ACCESS TO MEDICATIONS – Stop the creation of barriers for persons to reach effective medications knowing how essential they are to reaching and maintaining stability. Medicaid requirements take valuable time away from providers which should be spent treating the individual instead. Restrictive formularies and PDL's increase the chance that patients will have a lapse in treatment – or stop treatment altogether.